

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/569 150	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51							
2		1				52							
3		1				53							
4	1					54							
5		1				55							
6	1					56							
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47						97							
48						98							
49						99							
50						100							
TOTAL IND.	2		↓		↓		↓		↓		↓		
TOTAL DEP.	4	←		←		←		←		←		←	
TOTAL CLAIMS	6	↖	████████	████████	████████	████████	████████	████████	████████	████████	████████	████████	